



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Confirmation No.: 1987
Dennis William Mueller *et al.* Group Art Unit: 2882
Serial No.: 10/743,896 Examiner: Ho, Allen C.
Filed: December 22, 2003 Docket No. 191314-1011
For: PORTABLE X-RAY DIFFRACTOMETER

SECOND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The non-final Office Action mailed by the U.S. Patent and Trademark Office on October 7, 2004 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those, which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective ~~October 1, 2004~~

Application or Docket Number

10/743896

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-10-05

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 21	Minus	** 21	=
	Independent	* 3	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total		Minus		=
	Independent		Minus		=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	395.00
x 25	
x 100	
+ 180	
TOTAL	

RATE	FEE
BASIC FEE	790.00
x 50	
x 200	
+ 360	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 25	
x 100	
+ 180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x 50	
x 200	
+ 360	
TOTAL	
ADDITIONAL FEE	